

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

1 2 F E 4 M 5

Kleinhendler For Congress

ADDRESS (number and street)

PO Box 1692



Check if different than previously reported. (ACC)

Brick

NJ

08723

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00554311

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

NJ

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
01 / 01 / 2020

through

M M / D D / Y Y Y Y
03 / 31 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Kleinhendler, Howard, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Kleinhendler, Howard, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
04 / 07 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 17

Write or Type Committee Name
Kleinhendler For Congress

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 / 01 / 2020

To:

M M / D D / Y Y Y Y
03 / 31 / 2020

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	3931.81
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	3931.81
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	36.00	72672.53
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	608.33
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	36.00	72064.20
8. Cash on Hand at Close of Reporting Period (from Line 27).....	85.61	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	70010.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

Kleinhendler For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	2	0

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	0

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

3579.00

(ii) Unitemized.....

0.00

100.00

(iii) TOTAL of contributions from individuals ▶

0.00

3679.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

252.81

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

0.00

3931.81

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

70010.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

70010.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

608.33

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

0.00

74550.14

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	36.00	72672.53
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	36.00	72672.53

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	121.61
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	121.61
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	36.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	85.61

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Kleinhendler For Congress

Full Name (Last, First, Middle Initial)

A. Chase Bank

Mailing Address 499 Route 70

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	2	0

City
BrickState
NJZip Code
08723Purpose of Disbursement
Bank Fee

FEC Identification Number

C C00554311

Candidate Name

Kleinhendler For Congress

Category/
Type

Amount of Each Disbursement this Period

12.00

Transaction ID : SB17.4373

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 03

Full Name (Last, First, Middle Initial)

B. Chase Bank

Mailing Address 499 Route 70

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	2	0

City
BrickState
NJZip Code
08723Purpose of Disbursement
Bank Fee

FEC Identification Number

C C00554311

Candidate Name

Kleinhendler For Congress

Category/
Type

Amount of Each Disbursement this Period

12.00

Transaction ID : SB17.4374

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 03

Full Name (Last, First, Middle Initial)

C. Chase Bank

Mailing Address 499 Route 70

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	0

City
BrickState
NJZip Code
08723Purpose of Disbursement
Bank Fee

FEC Identification Number

C C00554311

Candidate Name

Kleinhendler For Congress

Category/
Type

Amount of Each Disbursement this Period

12.00

Transaction ID : SB17.4375

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 03

SUBTOTAL of Disbursements This Page (optional).....▶

36.00

TOTAL This Period (last page this line number only).....▶

36.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 6 OF 17

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4104

Kleinhendler For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Kleinhendler, Howard, , ,

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
8 Cabinfield Circle

City

Lakewood

State

NJ

ZIP Code

08701

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M /

D 06 D /

Y 2014 Y

M M /

D D /

Y 11/30/2014 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4106

Kleinhendler For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Kleinhendler, Howard, , ,

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
8 Cabinfield Circle

City

Lakewood

State

NJ

ZIP Code

08701

☒ Personal Funds of the Candidate

Original Amount of Loan

50.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 /

D 05 /

Y 2014 Y

M M /

D D /

Y 11/30/14 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

50.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 8 OF 17

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4108

Kleinhendler For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Kleinhendler, Howard, , ,

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
8 Cabinfield Circle

City

Lakewood

State

NJ

ZIP Code

08701

☒ Personal Funds of the Candidate

Original Amount of Loan

10.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 /

D 20 /

Y 2014 Y

M M /

D D /

Y 11/30/2014 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4110

Kleinhendler For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Kleinhendler, Howard, , ,

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
8 Cabinfield Circle

City

Lakewood

State

NJ

ZIP Code

08701

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M /

D 10 D /

Y 2014 Y

M M /

D D /

Y 11/30/14 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4111

Kleinhendler For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Kleinhendler, Howard, , ,

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
8 Cabinfield Circle

City

Lakewood

State

NJ

ZIP Code

08701

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M /

D 31 D /

Y 2014 Y

M M /

D D /

Y 11/30/14 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 11 OF 17

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4174

Kleinhendler For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Kleinhendler, Howard, , ,

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
8 Cabinfield Circle

City

Lakewood

State

NJ

ZIP Code

08701

☒ Personal Funds of the Candidate

Original Amount of Loan

8000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M /

D 14 D /

Y 2014 Y

M M /

D D /

Y 11/30/14 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

8000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 12 OF 17

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4175

Kleinhendler For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Kleinhendler, Howard, , ,

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
8 Cabinfield Circle

City

Lakewood

State

NJ

ZIP Code

08701

☒ Personal Funds of the Candidate

Original Amount of Loan

8000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M /

D 30 D /

Y 2014 Y

M M /

D D /

Y 11/30/14 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

8000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 13 OF 17

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4176

Kleinhendler For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Kleinhendler, Howard, , ,

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
8 Cabinfield Circle

City

Lakewood

State

NJ

ZIP Code

08701

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M /

D 14 D /

Y 2014 Y

M M /

D D /

Y 11/30/14 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

25000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4199

Kleinhendler For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Kleinhendler, Howard, , ,

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
8 Cabinfield Circle

City

State

ZIP Code

Lakewood

NJ

08701

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

7000.00

0.00

7000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M /

D 21 D /

Y 2014 Y

M M /

D D /

Y 11/30/14 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

7000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 15 OF 17

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4200

Kleinhendler For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Kleinhendler, Howard, , ,

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
8 Cabinfield Circle

City

Lakewood

State

NJ

ZIP Code

08701

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M /

D 27 D /

Y 2014 Y

M M /

D D /

Y 11/30/14 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 16 OF 17

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4201

Kleinhendler For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Kleinhendler, Howard, , ,

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
8 Cabinfield Circle

City

Lakewood

State

NJ

ZIP Code

08701

☒ Personal Funds of the Candidate

Original Amount of Loan

950.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

950.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M /

D 29 D /

Y 2014 Y

M M /

D D /

Y 11/30/14 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

950.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 17 OF 17

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4202

Kleinhendler For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Kleinhendler, Howard, , ,

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
8 Cabinfield Circle

City

Lakewood

State

NJ

ZIP Code

08701

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 /

D 02 /

Y 2014 Y

M M /

D D /

Y 11/30/14 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000.00

TOTALS This Period (last page in this line only).....▶

70010.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.